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Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. Ja	Inuary 2018) ► Go to www.irs.gov/Form104	<i>40X</i> for instructions a	ınd the I	atest information	١.		
	eturn is for calendar year 2017 2016 year. Enter one: calendar year or fiscal y	2015 2014 vear (month and yea	ır endec	i):			
Your fire	st name and initial	Last name			Your soc	cial securi	ty number
If a joint	return, spouse's first name and initial	Last name			Spouse's	s social se	ecurity number
Current	home address (number and street). If you have a P.O. box, see instru	uctions.		Apt. no.	Your pho	ne numbe	r
City, tov	wn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces be	low (see i	nstructions).			
Foreign	country name	Foreign province/s	tate/coun	ty	Fo	oreign post	tal code
your fi return Sing Mai	ded return filing status. You must check one box excling status. Caution: In general, you can't change you to separate returns after the due date. gle	ur filing status from a	a joint	check "Yes." See instructio	of your essential Otherwis	health ose, chec	care coverage, k "No."
	Use Part III on the back to explain any	changes		A. Original amount or as previously adjusted	amount of or (decre	increase ease)—	C. Correct amount
1 2 3 4	ne and Deductions Adjusted gross income. If a net operating loss included, check here		1 2 3 4	(see instructions)	explain ir	n Part III	
			- 3				
6	.iability Tax. Enter method(s) used to figure tax (see instructi	ons):	6				
7 8	Credits. If a general business credit carryback here	▶□	- I I				
9	Health care: individual responsibility (see instructions	s)	9				
10	Other taxes		10				
11 Paym	Total tax. Add lines 8, 9, and 10	<u> </u>	11				
12	Federal income tax withheld and excess social secu tax withheld. (If changing, see instructions.)						
13	Estimated tax payments, including amount applier return		13				
14 15	Earned income credit (EIC)	orm(s) 2439 8962 or	14				
16 17	Total amount paid with request for extension of time tax paid after return was filed	e to file, tax paid wi				16 17	
	nd or Amount You Owe						
18	Overpayment, if any, as shown on original return or a	as previously adjust	ed by th	ne IRS		18	
19	Subtract line 18 from line 17 (If less than zero, see in					19	
20	Amount you owe. If line 11, column C, is more than lin	·				20	
	If line 11, column C, is less than line 19, enter the dif						
21				•		21	
22	Amount of line 21 you want refunded to you			1 1		22	
_23	Amount of line 21 you want applied to your (enter year	r): estir	nated ta		olete and	sign this	form on Page 2.
				COM	41114		ugo Li

Form 1040X (Rev. 1-2018) Page **2**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See F	Form 1040 or Form 1040.	A instructions and Form 10	040X instructions.		A. Original number of exemptions or amount reported or as previously adjusted	В. М	let change	C. Correct number or amount	
24	•	e. Caution: If someone	-						
	dependent, you can't	24					-		
Your dependent children who lived with you									-
26	•	-	•	26					-
27				27					-
28	•	ptions. Add lines 24 throug		28					-
29		f exemptions claimed on li							
		e instructions for line 29 esult here and on line 4 on		29					
30	•	hildren and others) claimed	. •		than 4 dependen	ts. se	e instructio	ns.	-
	(a) First name	Last name	(b) Dependent's social security number		(c) Dependent's relationship to you		(d) Check child for	box if qualifying child tax credit nstructions)	
_									_
Par		ection Campaign Fund							-
	•	se your tax or reduce your							
	•	previously want \$3 to go t		•••					
		int return and your spouse	<u> </u>		•		w does.		-
Part		hanges. In the space prov				UX.			-
	Attach any sup	porting documents and ne	ew or changed forms and	scne	aules.				

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

based on all information about which the preparer has a	any knowledge.		pp (
Sign Here			
•			
Your signature	Date	Your occupation	
•			
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
Paid Preparer Use Only			
)			
Preparer's signature	Date	Firm's name (or yours if self-employed)	
Print/type preparer's name		Firm's address and ZIP code	
	☐ Check if se	elf-employed	
PTIN		Phone number	EIN

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26	•	-	•	26					-
27				27					-
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30	•	hildren and others) claimed	. •		than 4 dependen	ts. se	e instructio	ns.	-
	(a) First name	Last name	(b) Dependent's social security number		(c) Dependent's relationship to you		(d) Check child for	box if qualifying child tax credit nstructions)	
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Sign Here			
•			
Your signature	Date	Your occupation	
•			
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
Paid Preparer Use Only			
)			
Preparer's signature	Date	Firm's name (or yours if self-employed)	
Print/type preparer's name		Firm's address and ZIP code	
	☐ Check if se	elf-employed	
PTIN		Phone number	EIN